

DECLARATION (37 C.F.R. § 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Uses of Interleukin-18 for Treating Skin Disorders Associated with UV Radiations**, specification for which

☐ is attached hereto.

☒ was filed December 19, 2003, International Application No. PCT/EP2003/014633.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 and/or §365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Application Serial No.	Country	Filing Date	Priority Claimed
02029016.9	EP	December 27, 2002	Yes

I hereby claim priority benefits under Title 35, United States Code §119 of any provisional application(s) for patent listed below:

Application Serial No.	Filing Date	Priority Claimed
---------------------------	-------------	------------------

I hereby claim the benefit under Title 35, United States Code, §120 and/or §365 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)
---------------------------	-------------	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith who are associated with Customer Number 23557.

The attorneys/patent agents currently associated with this Customer Number are: David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Doran R. Pace, Reg. No. 38,261; Jay M. Sanders, Reg. No. 39,355; Jean Kyle, Reg. No. 36,987; James S. Parker, Reg. No. 40,119; Frank C. Eisenschenk, Reg. No. 45,332; Glenn P. Ladwig, Reg. No. 46,853; Margaret Efron, Reg. No. 47,545; Gwendolyn L. Daniels, Reg. No. 51,594; John M. Sanders, Reg. No. 30,126; Jenna M. Morrison, Reg. No. 55,468; and Mai-Tram Dinh Lauer, Reg. No. 43,589.

I request that all correspondence be sent to:

David R. Saliwanchik
Saliwanchik, Lloyd & Saliwanchik
A Professional Association
PO Box 142950
Gainesville, FL 32614-2950

I further request that all telephone communications be directed to:

David R. Saliwanchik
352-375-8100

Name of First or Sole Inventor Thomas Schwarz

Residence Münster, Germany Citizenship Austrian

Post Office Address c/o Universitätsklinikum Münster,
Domagkstrasse 5

48149 Münster, Germany

X *Thomas Schwarz*
Signature of First or Sole Inventor

X Date August 03, 2005

.....
Name of Second Joint Inventor Agatha Schwarz

Residence Münster, Germany Citizenship Austrian

Post Office Address c/o Universitätsklinikum Münster,
Domagkstrasse 5

48149 Münster, Germany

X *Agatha Schwarz*
Signature of Second Joint Inventor

X Date August 03, 05
.....